



LASHLY & BAER, P.C.
ATTORNEYS AT LAW

RICHARD D. WATTERS
Licensed in Missouri and Illinois
DIRECT: 314 436.8350
rdwatters@lashlybaer.com

MISSOURI
714 Locust Street
St. Louis, MO 63101-1699
TEL: 314 621.2939
FAX: 314 621.6844
www.lashlybaer.com

ILLINOIS
20 East Main Street
Belleville, IL 62220-1602
TEL: 618 233.5587
By Appointment Only

August 11, 2015


Ms. Karla Houchins
Program Coordinator
CN Program
3418 Knipp Drive, Suite F
Jefferson City, MO 65102

Re: Wilshire at Lakewood Memory Care - Project #5190 RS

Dear Karla:

The Committee approved a CON for Wilshire at Lakewood Memory Care to build a 50 bed assisted living facility on NE Manhattan near the intersection with NE Meadowview in Lee's Summit, MO 64064. Applicant requests a change in the location to approximately 0.2 of a mile from the original project site. The new site will be located at the intersection of Wilshire Drive and NE Meadowview, Lee's Summit, MO 64064. The new site is located on the same campus as the Applicant's skilled nursing facility and independent living facilities, as was the previous site, and Applicant also owns the land. The land value is the same as the previous site land cost. The design of the facility and the building in which it will be located have not changed. Enclosed is a copy of the new site plan which also identifies where the previous approved site was located. There has been no change in the project budget. Since the change in site location is less than a mile, there will be no change in the bed need analysis. I am requesting that you place this on the Committee's agenda for a site change for the September 14, 2015 meeting. Thank you.

Very truly yours,



Richard D. Watters

RDW/mkg

Enclosures



Certificate of Need Program

APPLICANT IDENTIFICATION AND CERTIFICATION

The information provided must match the **Letter of Intent** for this project, without exception.

1. Project Location (Attach additional pages as necessary to identify multiple project sites.)

Title of Proposed Project Wilshire at Lakewood Memory Care	Project Number 5190 RS
Project Address (Street/City/State/Zip Code) Intersection of Wilshire Drive and NE Meadowview, Lee's Summit, MO 64064	County Jackson

2. Applicant Identification (Information must agree with previously submitted Letter of Intent.)

List All Owner(s): <small>(List corporate entity.)</small>	Address (Street/City/State/Zip Code)	Telephone Number
Wilshire Properties, LLC	206 Peach Way, Columbia MO 65205-7688	573-443-2021
<small>(List entity to be licensed or certified.)</small>		
List All Operator(s):	Address (Street/City/State/Zip Code)	Telephone Number
Wilshire at Lakewood Memory Care, LLC	206 Peach Way, Columbia MO 65205-7688	573-443-2021

3. Ownership (Check applicable category.)

- ☐ Nonprofit Corporation ☐ Individual ☐ City ☐ District
☐ Partnership ☐ Corporation ☐ County ☒ Other ^{LLC} _____

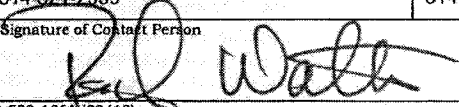
4. Certification

In submitting this project application, the applicant understands that:

- (A) The review will be made as to the community need for the proposed beds or equipment in this application;
- (B) In determining community need, the Missouri Health Facilities Review Committee (Committee) will consider all similar beds or equipment within the service area;
- (C) The issuance of a Certificate of Need (CON) by the Committee depends on conformance with its Rules and CON statute;
- (D) A CON shall be subject to forfeiture for failure to incur an expenditure on any approved project six (6) months after the date of issuance, unless obligated or extended by the Committee for an additional six (6) months;
- (E) Notification will be provided to the CON Program staff if and when the project is abandoned; and
- (F) A CON, if issued, may not be transferred, relocated, or modified except with the consent of the Committee.

We certify the information and date in this application as accurate to the best of our knowledge and belief by our representative's signature below:

5. Authorized Contact Person (Attach a Contact Person Correction Form if different from the Letter of Intent.)

Name of Contact Person Richard D. Watters	Title Attorney	
Telephone Number 314-621-2939	Fax Number 314-621-6844	E-mail Address rdwatters@lashlybaer.com
Signature of Contact Person 		Date of Signature 8/11/15



Engineering Surveys and Services
1113 N. Main, Suite 100, St. Louis, MO 63101
314-433-1000 • www.surveysand.com
Missouri Professional Engineer License No. 10000

WILSHIRE HILLS
LBS SUNDAY, JACKSON COUNTY, MISSOURI

THIS MAP/PLAN HAS NOT
BEEN REVIEWED BY
THE MISSOURI DEPARTMENT OF
REVENUE FOR THE PURPOSES OF
DETERMINING THE
APPLICABILITY OF THE
SALES TAX EXEMPTION FOR
THE SALE OF REAL ESTATE
UNDER THE MISSOURI
CONSTITUTION.

DATE: MARCH 24, 2015
PROJECT: WILSHIRE HILLS
SHEET: 101

Sheet	101
Master Plan	101
Drawn	101
Checked	101
Approved	101
Date	101

